

12 CV 04071

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Richard Youmans

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

The City of New York

dora B Schriro D.O.C. N.Y.C.

Mayor Bloomberg

Governor Cuomo

Ex Governor Paterson

Ex Governor Spitzer

Ex Governor Pataki

Corizon Correction Medical Manager John Doe

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No

(check one)

42 U.S.C.S. 1983 - 2008ee



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Richard Youmans
ID # 875 06 02748
Current Institution A.M.K.C.
Address 18 18 Hazen Street East Elmhurst New York
11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name City of New York Shield # _____
 Where Currently Employed Corporation Counsel
 Address 100 Court Street
New York, New York 10007

Defendant No. 2 Name Dora B. Schriro Shield # _____
 Where Currently Employed Department of Corrections
 Address 75-20 Astoria Boulevard
East Elmhurst N.Y., 11370

Defendant No. 3 Name Mayor Bloomberg Shield # _____
 Where Currently Employed Gracie Mansion
 Address City Hall New York, New York 10007

Defendant No. 4 Name Governor Cuomo - Shield # _____
 Where Currently Employed _____
 Address EXECUTIVE CHAMBERS...

Defendant No. 5 Name Ex--Governor Paterson Shield # _____
 Where Currently Employed _____
 Address EXECUTIVE CHAMBERS...

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? A.M.V.C.,
R.N.D.C., G.M.D.C., G.R.V.C., AND O.B.C.C.
- B. Where in the institution did the events giving rise to your claim(s) occur? Entire Insti-
-tution; Receiving-Room, Housing-Areas, Medical-Clinic
,Yard, ETC....
- C. What date and approximate time did the events giving rise to your claim(s) occur? From--
November 14, 2006--To--the present-Day...

Defendant No. 1 Name Ex Governor Spitzer Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 2 Name Ex Governor Patuki Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name John Doe Corizon Manager medica Shield # _____
 Where Currently Employed A.M.K.C. C-95
 Address 18 18 Hazen Street
East Elmhurst New York 11370

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? _____

B. Where in the institution did the events giving rise to your claim(s) occur? _____

C. What date and approximate time did the events giving rise to your claim(s) occur? _____

D. Facts: That the deponent Richard Youmans has been detained for 6-Years and he was not notified that he was being exposed to Medical and Toxic waste material, until he received a copy of the LEGAL AID SOCIETY response to Judge Baer Jr. declaring that the New York City Department of Corrections has monitors for the methane expulsions on RIKERS. As we looked further it is also on line, and explains why the deponent has had such extensive headaches, et, al. Corizon Health manager at A.M., K.C. refused Catscan, . That there are no right to know laws posted in the facility in a clear violation of established law and procedure.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

The city of New York has purchased the Island of Rikers for One-dollar as the land was worthless. They build the biggest Jail colony of the United States on the Island, of which is over 90% of contaminated Land. That My Wife and Family has come to Visit me for the past years and we were unaware that they were also aware of the contamination and its effects and affects and they failed to notify the deponent thereof, et, al. Dora B.-- John Schriro. John Doe manager of Corizon refused 2nd opinion. Mayor Bloomberg, Governor Cuomo, Ex Governors Patterson, And Elliot Spitzer, and Pataki all were aware that the City Jail was on a Toxic-Landfill that emerged and emitted methane and other dangerous gases. That the excessive migraine headaches are coming from the exposure.... (See Exhib. 1's A.B.C)

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. That for 6 straight years the deponent has been receiving headaches excessively. He is unaware of all of the damages because there is No notification to Warn People. Nor any alternatives... Denied Catscan by DOC medical staff because they said Beam has to him usage first. How would we know w/o test. Hospitalized due to migraine at Court see ex Migraines coined and continued & DISREGARDED by Manager..

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

A.M.K.C., R.N.D.C., G.M.D.C., G.R.V.C.

AND O.B.C.C.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

A.M.K.C.

1. Which claim(s) in this complaint did you grieve? ALL

2. What was the result, if any? "NO REPLY"

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Deputy Warden of A.M.K.C. & Commissioner of Corrections- Numerous requests to above Offices...

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any. ~~Security-Staff On Numerous Occasion - With No resolution or reply~~

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. ~~Constant written & Verbal complaints to Security-- (Care, Custody, and Control), Numerous sick-Call Visits --- With No remedy to Date...~~

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). ~~\$40,000,000- Dollars for all damages & kindle and loss of life span, continued medical care and free therapy for all cancers obtained. And for such other and further relief as deemed just and proper. That special attention for inordinant diseases linked to the land fill project and to be checked against the insurance companies associated with the corrections officers and staff for compliance and Reliability...~~
To receive ~~cat scan~~ and eliminate emotional stress ,and to receive proper toxic screening and damages for refusal @ 27,000,000.00 dollars

On
these
claims

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ____

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Richard Youmans

Defendants The City of New York & Scott-Baxter

2. Court (if federal court, name the district; if state court, name the county) Southern District-N.Y.

3. Docket or Index number 1:09 CV-01536

4. Name of Judge assigned to your case Deborah A. Betts/Kevin N. Fox

5. Approximate date of filing lawsuit 2/19/09

6. Is the case still pending? Yes ____ No ☒
If NO, give the approximate date of disposition May 28, 2010

EXHIBIT A

GRIEVANT'S STATEMENT FORM

FACILITY: ANNA M. KROSS CENTER (AMKC)

GRIEVANCE #

GRIEVANT'S NAME:

Richard Youmans

B&C

875-0602748

CATEGORY:

HOUSING AREA:

B21

DATE:

5/12/12

All grievances must be submitted within 10 business days of incident and should be handwritten by the grievant only. This sheet should be used as a worksheet from which the grievance is typed onto the "Inmate Grievance Form" and remains filed in the grievant's folder.

Grievance:

There isn't any notice or warning of the methane contamination, so we the inmates can save it not ourselves ~~not~~ at less our families who come to visit us.

Receipt # (If Applicable)

Also - See Attached - Legal Aid Society Papers -

Action Requested:

To place Notice or Sign warning people of the methane issue.

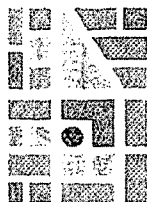
Have you filed this grievance with any other Agency or Court? ☐ Yes ☒ NoHave you filed this grievance with the Inspector General's Office? ☒ Yes ☐ No☐ Grievant agrees to have his statement edited for clarification by the IGRC staff.☐ I am requesting that the grievance be written for me by the IGRC staff.

Date

5-12-12

Grievant's Signature

Richard Youmans



**THE
LEGAL
AID
SOCIETY**

Prisoners' Rights Project
199 Water Street
New York, NY 10038
T (212) 577-3530
F (212) 509-8433
www.legal-aid.org

Blaine (Fin) V. Fogg
President

Steven Banks
Attorney-in-Chief

Adriene L. Holder
Attorney-in-Charge
Civil Practice

John Boston
Project Director
Prisoners' Rights Project

April 2, 2012

BY E-MAIL

Hon. Harold Baer, Jr.
United States District Judge
United States Courthouse
500 Pearl Street, Room 2230
New York, N.Y. 10007

Re: *Benjamin v. Schriro*, 75 Civ. 3073
Correspondence from Blake Wingate

Dear Judge Baer:

We have received additional correspondence from Mr. Wingate, forwarded by the Court with a request for comment. As before, Mr. Wingate complains of a number of matters that are not part of the *Benjamin* litigation, some of which do not raise issues of federal law—though he does also allege some violations of the *Benjamin* orders, as described below. Most of the non-*Benjamin* matters are issues which, if Mr. Wingate or any other prisoner raised them with us directly, we would request that the Department of Correction investigate and correct. We therefore include those requests in this letter and trust that the Department will address them in the usual course. We have cc'd Constituent Services, the office within the Department to which we ordinarily direct such complaints.

We note (as is presumably obvious anyway) that this office does not have the staff and resources to investigate and litigate all potentially meritorious issues raised by all prisoners. That is the case with most of what Mr. Wingate asserts.

Mr. Wingate refers to a visit from the “compliance consultant” to his housing area, Dorm 12 at the George Motchan Detention Center, that missed several problems. OCC confirms that it visited his housing unit on the relevant date for a sanitation inspection. The items Mr. Wingate complains of do not appear to be sanitation-related. However, two of them are *Benjamin* order-related issues, and the third certainly should be corrected.

We therefore request that the defendants address the following:

- Mr. Wingate says there is something wrong with the dayroom vent. Defendants are required under this Court's orders to keep the ventilation system in working order, and if the dayroom vent does not work, they should repair it.

- Mr. Wingate states that “the windows are screw sealed shut on one side in the day room and the housing unit.” If that is the case, it would appear to violate the April 26, 2001 environmental health order, ¶ 15(d), which provides: “Defendants shall ensure that all windows which are designed to be opened are operational.” Defendants should ensure that all the windows in this housing unit are operational.
- Mr. Wingate states that the pressure in the sinks is too strong: “They push water all over you so the sinks are illegally plugged of which is another health violation. . . .” The condition of plumbing is no longer an issue in *Benjamin*. However, if the sinks in this housing area are not working correctly, obviously defendants should promptly repair them.

Mr. Wingate states that he was summoned to a video conference but was not informed of whom the conference was with. We are not aware of any legal requirement to be so informed, but it certainly is more courteous, and more likely to lead to the prisoner’s participation in the conference, to do so. We suggest to the defendants that they so instruct their staff.

Mr. Wingate states that forms for medical diets are not given out. As noted in our response to Mr. Wingate’s previous correspondence, the consent decree provisions governing medical diets were terminated a decade ago and they are no longer an issue in *Benjamin*. We have complained to the Department of Correction about Mr. Wingate’s dietary issues on more than one occasion. (The jail dietitians work for the Department and not for Correctional Health Services or the medical contractor Prison Health Services, Inc.) Mr. Wingate is far from the only prisoner to complain to us about failure to provide medically required diets. If facility personnel are not following Department procedure with respect to medical diets, the Department should ensure that they do so.

Mr. Wingate states that he fears retaliation for his history as an Inmate Liaison Committee advocate and seeks “preventive measures by the Minimum Standards Court.” There is no Minimum Standards Court, unfortunately. If Mr. Wingate fears for his safety, he should be interviewed by Security in the jail, and if he is found to be in danger, he should be transferred to a location where he can be held safely. (This is the request we make as a matter of course when a City jail prisoner complains of a safety threat.)

Mr. Wingate states that he has been assigned to jobs but has not been able to perform them because line staff refuse to honor the assignments made by higher authority. Such an allegation of insubordination should clearly be investigated by the Department of Correction. If Mr. Wingate is being discriminated against because of his past history of advocacy, such action would violate Section 1-01(b) of the Minimum Standards (“Prisoners shall be afforded equal opportunity in all decisions including, but not limited to, work and housing assignments, classification, and discipline.”).

Mr. Wingate states that he has not been allowed the required time in the facility law library. The Minimum Standards at § 1-08(f)(2) require that each law library be open five

days a week, and each prisoner who requests shall be granted two hours in the library each day it is open. From his description, it appears that law library periods are severely truncated for all attendees and not just Mr. Wingate. Mr. Wingate also states that jail staff do not implement the "recall" procedure that allows prisoners who miss their regular law library sessions because of conflicts with other institutional activities to make up the time. This recall procedure is provided for in defendants' Directive 3501, § III.D.4. Mr. Wingate has clearly alleged failures by Department staff at GMDC to comply with the Minimum Standards and Departmental policy, and defendants should investigate these allegations and take corrective action as needed.

Mr. Wingate states that mail is only delivered three times a week rather than daily. We do not find a rule prescribing the frequency of mail delivery. However, the Minimum Standards at § 11-01(d)(1) provide: "Incoming correspondence shall be delivered to the intended prisoner within 48 hours of receipt by the Department unless the prisoner is no longer in custody of the Department." It is very unlikely that the Department is complying consistently with the 48-hour requirement if they deliver mail only three days a week, especially since under current procedure, mail is not delivered directly to each facility but to a mail-sorting facility on the Queens side of the Rikers Island bridge for processing. So we request that the Department clarify whether its policy is for daily mail delivery in the jails, or a less frequent schedule, and whether GMDC is in compliance with that schedule.

Mr. Wingate states that Rikers Island is contaminated with medical and toxic waste and vapors and he wants an order preventing him from being held there. We are not aware of such a problem of toxic contamination, except for the ongoing problem of methane generation from the landfill on which much of Rikers is built. We understand that the Department has taken measures to contain and control methane discharges and has installed equipment to detect methane contamination in jails affected by this problem.

Very truly yours,



JOHN BOSTON
VERONICA VELA
DALE A. WILKER
Attorneys for Plaintiffs

Cc: Chlarens Orsland, Esq.
Lewis Finkelman, Esq.
Thomas Bergdall, Esq.
Linda Lidz, Esq.
Constituent Services, DOC
John H. Doyle, III, Esq.
Nicole Austin Best
Blake Wingate (by mail)

EXHIBIT B

GRIEVANT'S STATEMENT FORM

FACILITY: ANNA M. KROSS CENTER (AMKC)

GRIEVANCE #

GRIEVANT'S NAME:

Richard Youmans

B&C

875-06 02718

CATEGORY:

HOUSING AREA:

BDL

DATE:

5/16/12

All grievances must be submitted within 10 business days of incident and should be handwritten by the grievant only. This sheet should be used as a worksheet from which the grievance is typed onto the "Inmate Grievance Form" and remains filed in the grievant's folder.

Grievance: I went to Sick Call to complain about severe migraine headaches that have plagued me for the last several years. I asked the doctor to order a test to ascertain the cause of my headaches namely A.C.A.T. Scan. Said doctor stated that he couldn't order any further test and stated "You would have to be severely

Hurt. OK, Hemorrhaging from the Brain to have a C.A.T. Scan Order".
 Receipt # (If Applicable) _____

Action Requested:

my medical records will reflect this ongoing issue and to date. No solution has been offered.

Have you filed this grievance with any other Agency or Court? ____ Yes ✓ No

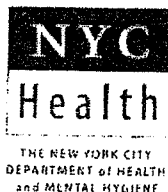
Have you filed this grievance with the Inspector General's Office? ✓ Yes ____ No

____ Grievant agrees to have his statement edited for clarification by the IGRC staff.

____ I am requesting that the grievance be written for me by the IGRC staff.

5-16-12
 Date

R Youmans
 Grievant's Signature



CORRECTIONAL HEALTH SERVICES REQUEST FOR A SECOND OPINION

Please fill out this form and drop it in the Second Opinion/Complaint Box in your facility. If you need help with this form, ask a medical or mental health staff member.

Information About You (please print)

Name Richard Youmans Book & Case Number 875-0602748
Facility AMKC Housing Area 02L

I am asking for a second opinion about the following diagnosis and/or treatment given to me:

When did you receive the diagnosis and/or treatment? 5-14-12

Where did you receive the diagnosis/treatment? _____

Which health care provider gave you the diagnosis/treatment? Sick Call (Doc)

Tell us about the diagnosis and/or treatment, and tell us why you want a second opinion. Put in as much detail as you can. Please print clearly and sign and date the form.

I went to Sick Call to complain about severe migraine headaches that have plagued me for the last several years. I asked the doctor to order a test to ascertain the cause of my headaches, namely, a C.A.T. Scan. The doctor stated that he couldn't order any further test, and stated "you would have to be severely hurt, or hemorrhaging from the brain to have a C.A.T. Scan ordered." My medical records will reflect this ongoing issue. And to date, no solution has been offered. See "med rec" - RND 4/16/09

Signature Richard Youmans Date 5-14-12

FOR OFFICIAL USE ONLY

DATE RECEIVED _____

TRACKING NUMBER _____

CHS# 363 (09/07)

↓ Gm DC
7/14/09
Court
Time 3:30
Dating Back
From 2006
Check medical
Records

EXHIBIT C

DATE PPD IMPLANTED	RESULT	DATE READ	INITIAL
11/14/2006	per state was done 2/06 00mm	11/16/2006	cangemc
11/14/2006	as per state 2/06 00mm	11/14/2006	COLLISAC

IMMUNIZATION	DATE
PPD implant 7/28/09. read 00 mm 7/30/09. an	

LABORATORY DATA	DATE ORDERED	RESULT	RADIOLOGY/TYPE	DATE ORDERED	DATE PERFORMED	RESULT
Dipstick	11/14/2006	bilirubin sm ketones mod protein tr				
PPD	11/14/2006	as per state 2/06 00mm				
RPR	11/14/2006	refuse				
STD Urine Screen	11/14/2006	neg/neg				
PPD	11/14/2006	per state was done 2/06 00mm				
Dipstick	11/14/2006	abn				
RPR	11/14/2006	refused				
HIV Rapid	7/18/2007	neg				
B/P	10/31/2007	146/74				
EKG	4/16/2009	normal				

FOLLOW-UP/CONSULTS	DATE ORDERED	CLINIC	FACILITY	DATE SEEN
Nursing Followup - HIV Rapid Refused	11/14/2006	HIV Rapid Refusal	RNDC	
Nursing Followup - repeat ua	11/14/2006	Nursing	RNDC	
Nursing Followup - repeat ua	11/22/2006	Nursing	RNDC	
Nursing Followup - repeat ua	11/30/2006	Nursing	RNDC	
Nursing Followup - repeat ua	12/11/2006	Nursing	RNDC	
Nursing Followup - repeat ua	12/19/2006	Nursing	RNDC	
Specialty - 7/6 & 8/17/07	7/9/2007	Optometry	WF	
Nursing Followup - repeat U/A	8/18/2007	Abnormal Labs	GRVC	8/21/2007
Medical Followup - lbp/tendinitis of lt elbow	8/19/2007	Abnormal Labs	RNDC	
Specialty - 8/17/07	8/20/2007	Optometry	WF	
Nursing Followup - u/a	9/4/2007	Nursing	RNDC	9/18/2007
Specialty - 7/6 & 8/17/07	9/7/2007	Optometry	WF	9/14/2007
Nursing Followup - Elevated BP	10/24/2007	Medical	RNDC	10/31/2007
Dental - request cleaning	10/24/2007	Dental	RNDC	
Specialty - 10/14/08	10/16/2008	Optometry	WF	
Specialty - 10/14/08	10/31/2008	Optometry	WF	11/4/2008
Nursing Followup - Chest pain,EKG,V/S	4/16/2009	Nursing	RNDC	4/16/2009

MEDICATION LIST

START DATE	MEDICATION	DATE DISCONTINUED
11/15/2006	Naproxen - Tab - 500MG - 1 bid prn	11/19/2006
11/15/2006	Robaxin - Tab - 500MG - 1 bid	11/19/2006
12/1/2006	Guaifenesin - Tab - 200MG - 2 tabs PO BID	
12/1/2006	Naprosyn - Tab - 500MG - 1 tab PO BID	
12/1/2006	Sudafed - Tab - 30MG - 2 tabs PO BID	
12/19/2006	Motrin - Tab - 400MG - Take 1 tab po BID	
12/19/2006	Robaxin - Tab - 500MG - Take 1 tab po BID	
6/10/2007	Motrin - Tab - 400MG - 1 tab poxbid	6/14/2007
7/12/2007	Hydrocortisone - Ointment - 1% - top bid to axillary area	7/26/2007
7/13/2007	Atarax - Tab - 25MG - 1 tab bis,prn	7/16/2007
10/24/2007	Motrin - Tab - 400MG - 1 tab po bid x 4 days	
11/6/2007	Chlorhexidine Gluconate - Solution - 0.12% - BID	
11/6/2007	Motrin - Tab - 400MG - BID	
1/24/2008	Zithromax - Tab - 250MG - 2TABS PO X 1 STAT, THEN 1 TAB PO QD X 4DAYS	
1/24/2008	Tylenol - Tab - 325MG - 2 TABS PO TID PRN FEVER	
1/24/2008	Guaifenesin - Tab - 200MG - 1 TAB PO TID	
4/3/2008	Dry Skin Lotion (MO/Bing Areas) - Lotion - - qs top bid	5/3/2008
6/3/2008	Chlorhexidine Gluconate - Solution - 0.12% - BID	
10/14/2008	Tylenol - Tab - 325MG - 2 tab po qid,prn	10/17/2008
10/29/2008	Sodium Sulfacetamide - Solution - 10% - 2 gtts in RT eye qid	11/5/2008
11/4/2008	TobraDex - Suspension - 0.3-0.1% - 1 gtt OU qid	11/18/2008

8750602748 4/16/2009 6:04:02 PM Youmans, Richard
 Born 3/22/1985 Male

Dept: Nursing (10009564) RNDC

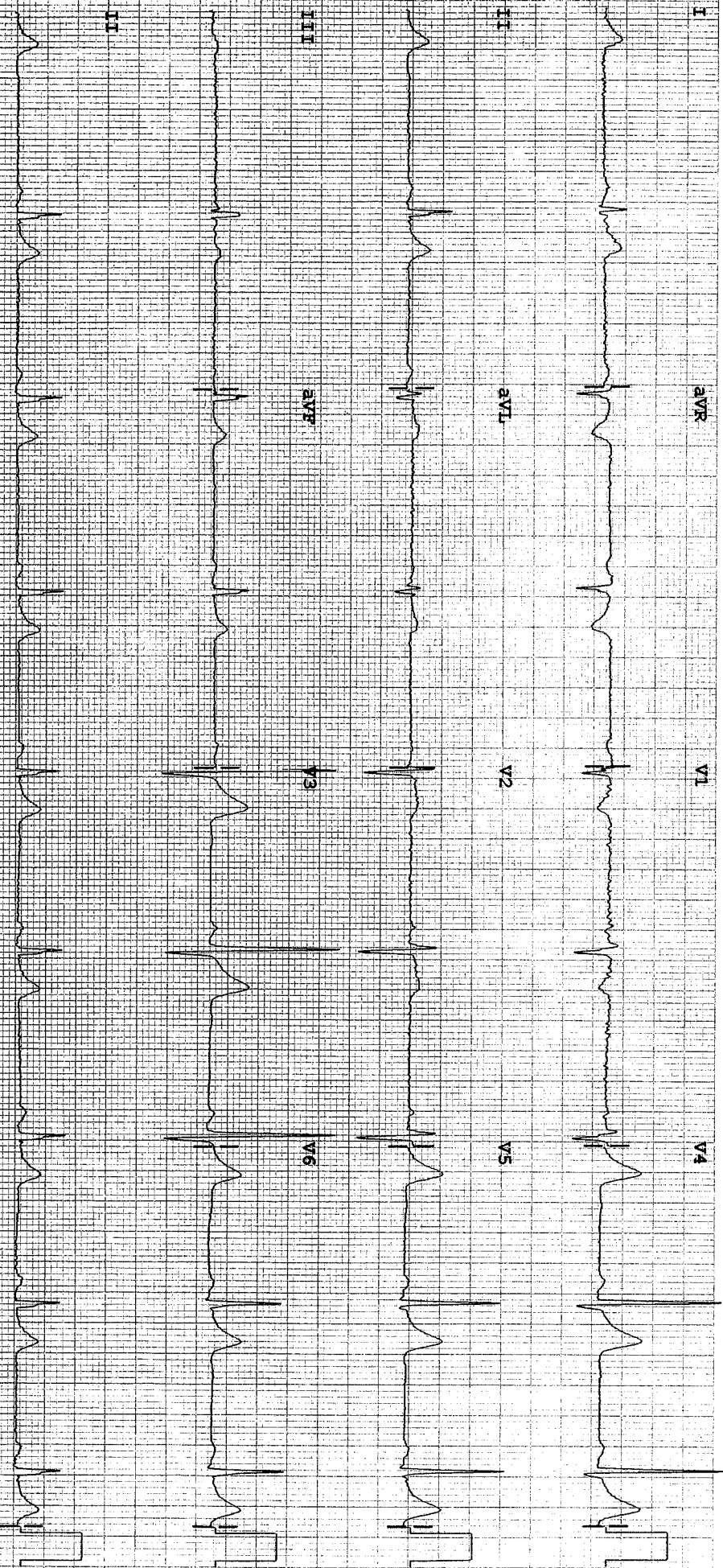
SINUS RHYTHM.....normal P axis, V-rate 50- 99
 Rate 51 ST ELEV, PROBABLE NORMAL EARLY REPOL PATTERN.....ST elevation, age<55
 PR 168
 QRSD 91
 QT 384
 QTC 354

--AXIS--
 P 34
 QRS 68
 T 35

- NORMAL ECG -

Fac: RNDC

Unconfirmed Diagnosis



Dev: 60401074 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV

50- 0.5- 40 Hz W PH980A P2



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

Youmans, Richard
8750602748

DATE TIME	MISSED APPOINTMENT CHART REVIEW	
	Patient was scheduled to be seen today for: (Condition) <i>Wants to speak about</i>	
	Type of encounter: <i>his medical conditions</i>	
	Review of Chart (Required): <i>No chart</i>	
	Patient last seen by MD/PA for this condition on:	Type of encounter:
	Findings of last visit (above):	
<i>12/4/09</i>		
<i>C-95</i>	Appointments missed since last seen (above): (list dates)	
<i>9:00 Am</i>	Lab review:	
	Normal <input type="checkbox"/> <input type="checkbox"/>	
<i>12/3/09</i>	Abnormal <input type="checkbox"/> List:	
<i>OK</i>	Needed labs ordered <input type="checkbox"/> List:	
	Comments:	
	Based on a clinical review of the medical record, patient is rescheduled for:	
	<input type="checkbox"/> TODAY – URGENT: <i>Sign-out to the next tour</i>	
	<input type="checkbox"/> 1 – 3 days	
	<input type="checkbox"/> 4 – 7 days	
	<input type="checkbox"/> 8 – 14 days	
	<input checked="" type="checkbox"/> 15 – 30 days	
	<input type="checkbox"/> not indicated due to	
	RESCHEDULING DATES WILL VARY BASED ON THE CLINICAL NEEDS OF THE PATIENT	
	COMPLETED BY: <i>Samuel Okoroza, PA</i>	PRINT / STAMP <i>Samuel Okoroza, PA</i>



THE NEW YORK CITY
DEPARTMENT OF HEALTH
and MENTAL HYGIENE

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

Youmans, Richard

875-06-02748, 3103238R

3/22/1985, M

Handwritten signature/initials

Handwritten signature/initials

DATE	OBSERVATIONS
7/14/2009	MD note:
3:30 PM	S - 24 y/o B/M from court reports history onset of (R) sided hemiparesis headache & right-sided photophobia + incontinence.
	States long 4/6 nitrogen HA usually responsive to ibuprofen.
	O - T - 97/6 P - 72 R - 16 BP 128/76 Hemat - NC / AT ; POCAL ; GOMI ⊕ calcification ⊕ eye.
	neck - supple - 1 dvt - 2 cts Chest clear to AP com - S ₂ al ⊕ S ₃ ⊕ m.f. + abd. flat, soft, NT / W ⊕ RBC ⊕ PR Ext From (-) L, C, C
	Neuro A.A. 0 x 3 no focal deficits
	A - Nitrogen Headache
	P - R ibuprofen 800 mg p.o. q 6h x 1 Cold Congest.
	Ibuprofen 400 mg Qid PRN R advised to return to clinic if symptoms persist / worsen or new symptoms develop by return to court

EUGENE C. MATEO, MD, MPH



THE NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

Younanis
Richard
875-06-02745

DATE	OBSERVATIONS
7/14/09	F/Y/SC
8mc 914pm	⑤ Pt seen @ mch today while @ court for H/A @ side near eye - Demos usual AIS, LOC - Denies trauma - Pt was rx mch today u/relief ⑥ BP 118/76 R16 P T98' 76 pt aox3 HSENT NC/AT HEART/ECG ⑦ eye injected @ lacrimation upper lid swollen ? sty nose moist mouth/throat & exudates neck supple lungs C/D / COR TNR ⑧ - H/A today - concur mch ⑨ - eye lacrimation - no sty chlox 500mg PO qid - # 20's - Vissure @ eye - Pt ED



NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

Yours Richard

8750602748

EVERY ENTRY MUST BE DATED AND SIGNED

DATE	OBSERVATIONS
4/16/09	NSG Note
C74	S/O - Pt arrives clinic c/o chest pain.
5-508	- Denies any prior Hx of heart problem.
	- A&Ox3. Able to verbalize needs well.
	- Vitals taken. TPRs 98.1.64.16. b/P: 121/60.
	- In stable condition.
	- EKG done & report attached.
	APP - Pt referred to MAPP for further
	- evaluation.
	<i>[Signature]</i>
4/16/09	MD Note
C74	Called X2
610	As per DUC, inmate left clinic after
6	1/1 SA JUNE MD eating by dinner.
	Jane San Jose, MD
4/16/09	MD Note
C74	Note for EKG normal
610	<i>[Signature]</i>
	Jane San Jose MD



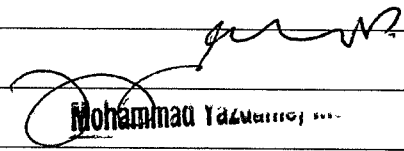
PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

Younans, Richard

875-06-02748

$$3122 \overline{) 85}$$

DATE	OBSERVATIONS
② BCC	Pick cell
9/21/09	S: c/o nasal congestion.
10 ⁴⁰ am.	Rhinitis fever, cough, laryngitis, or NIV
	O: 100/60 60 16 97 ⁴
	HEENT: ⊕ nasal congestion.
	no discharge.
	chest: CTA
	heart: no ⊕ S ₁ S ₂ WHL
	Abdo: NT, non-tender
	Et: From
	CUR: A40 x3
	normal font
	A) P: A Rhinitis: ocean spray
	2 spray in each nostril BID x 7 days
	P/U PRN.
	 Mohammad Youssef

Report ID: IRC00100

Pharmacy Order

Sorted by: Start Date

7/14/2009
9:26:27 PMName: **Youmans, Richard**Book & Case: **875-06-02748**NYSID: **3103238R**DOB: **3/22/1985**Site/Housing: **GMDC/5MA**Drug: **Dicloxacillin Sodium**Dosage: **500MG**Form: **Cap**SIG: **500mg Po QID. One gram PO Stat**Reason: **Other - Derm**Start: **7/14/2009**Duration: **7 days**Written by: **Susan Billinghamurst-Hamlet, PA -
Physician Assistant**

Approved by:

Allergies: **NKA**

Pharm: _____

Luke Aneke, MD**DC:**Name: **Youmans, Richard**Book & Case: **875-06-02748**NYSID: **3103238R**DOB: **3/22/1985**Site/Housing: **GMDC/5MA**Drug: **Visine-A**Dosage: **0.025-0.3%**Form: **Solution**SIG: **Apply 1-2 drops to R eye BID**Reason: **Other - EYE**Start: **7/14/2009**Duration: **7 days**Written by: **Susan Billinghamurst-Hamlet, PA -
Physician Assistant**

Approved by:

Allergies: **NKA**

Pharm: _____

Luke Aneke, MD**DC:**

13167

62

98.7

PROGRESS NOTE

Younans Richard
875-06-02748

DATE	OBSERVATIONS
	S/C
3/5/12 Cey 81	<p>c/o recently typhoid for which I pins and vitamins for post operative. He he was sneezing a bit yesterday but does daily/fever 0. A + 003, not 77, antibody Rt 110/74. P 72 R4 T 96 A/BENT - no physical evidence of Con: Sx; by clear risk and -</p> <p>Bleed - can good in supply Nek - can good and w tenderness</p> <p>MR r/o vit. synthe course after re Typhoid 320g (2) + m as w + ed re MRI for post operative Abse ↑ and found it in or Flu pen.</p> <p><i>[Signature]</i> Brightman RA</p>

Report ID: IRC00100

Pharmacy Order

9/21/2009

Sorted by: Start Date

10:55:21 AM

Name: **Youmans, Richard**

Book & Case: **875-06-02748**

NYSID: **3103238R**

DOB: **3/22/1985**

Site/Housing: **OBCC/5W**

Drug: **Ocean Nasal Spray**

Dosage: **0.65%**

Form: **Solution**

SIG: **2 sprays in each nostril bid**

Reason: **Other - A. Rhinitis**

Start: **9/21/2009**

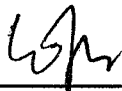
Duration: **7 days**

Written by: **Mohammad Yazdanie, Physician**

Approved by:

Pharm: _____

Allergies: **NKA**



DC: